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PTO/SB/81 (02-01)

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Application Number

Filing Date

First Named Inventor

Chuck Olson

Title

Group Art Unit

Examiner Name

Attorney Docket Number

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Individual Name

Delphine M. James, Attorney-at-Law

Address

2656 South Loop West, Ste. 170

Address

City

Houston

State

TX

Zip

77054

Country

Harris

Telephone

(713) 661-4144

Fax

(713) 661-4145

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Charles (Chuck) D. Olson

Signature

Charles D. Olson

Date

30 JUL 03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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FORM 5A

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DECLARATION — Utility or Design Patent Application

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Name Delphine M. James, Attorney-at-Law

Address 2656 South Loop West, Suite 170

City Houston

State TX

ZIP 77054

(713)

Country U.S.A.

Telephone 713/661-4144

Fax 661-4145

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Chuck

Family Name
or Surname

Olson

☒ Inventor's
Signature

Chuck Olson

☒ 30 JUL 03
Date

Residence: City

Bellville

State

TX

Country

U.S.A.

☒ YES
Citizenship

Mailing Address

1535 Bell Oaks Drive

City

Bellville

State

TX

ZIP

77418

Country

U.S.A.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

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City

State

ZIP

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☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.